Public Board Meeting	May 2018 Item 18

THIS PAPER IS FOR NOTING

STAFF GOVERNANCE COMMITTEE MINUTES 7 DECEMBER 2017 AND VERBAL REPORT OF 18 APRIL 2018

Lead Director Author	Neelam Bakshi, Chair of Staff Governance Committee Lindsey Ralph, Board Secretary
Action required	The Board is asked to **note** the minutes and verbal report.
Key points	In compliance with the Service's Standing Orders, the approved Committee minutes are submitted to the Board for information and consideration of any recommendations that have been made by the Committee. The minutes of the Staff Governance Committee held on 7 December 2017 were approved by the Committee on 18 April 2018. A verbal update of the meeting held on 18 April 2018 will be provided by the Chair of the Committee.
Timing	The Board will receive a verbal update of the most recent Committee meeting. Minutes are presented following approval by the Committee.
Link to Corporate Objectives	This paper relates to our goal of ensuring staff have a voice and people are at the heart of everything we do.
Contribution to the 2020 vision for Health and Social Care	Everyone Matters is the national strategic workforce contribution to the 2020 vision. All work of the Staff Governance Committee and the Staff Governance Action Plan is aligned to this.
Benefits to Patients	The Staff Governance Committee has responsibility, on behalf of the Board, to ensure that there is effective monitoring of the machinery for effective staff governance within the Service. Effective staff governance assists in creating a workplace where staff feel valued, and are appropriately located, skilled and developed to deliver safe, effective, patient centred and quality care.
Equality and Diversity	Workforce equality monitoring information, equality outcomes and associated reports, are monitored through the Staff Governance Committee. Equality impact assessments are carried out for individual workstreams, including policy development and review. Relevant equality impact information is reported to the Staff Governance Committee.

Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

MINUTES OF STAFF GOVERNANCE COMMITTEE

10.00 A.M. ON THURSDAY 07 DECEMBER 2017
MEETING ROOM 18, NHQ, GYLE SQUARE, EDINBURGH

Present:	Neelam Bakshi, Non Executive Director (Chair) John Riggins, Employee Director David Garbutt, Chairman (ex officio member) Martin Togneri, Non Executive Director Jamie McNamee, Staff Side Representative, Unite the Union (ex officio member) Gary Coll, Staff Side Representative, GMB, (ex officio member)
In Attendance:	Linda Douglas, Director of Human Resources and Organisational Development Milne Weir, Regional Director, North Pat O'Connor, Director of Care Quality and Strategic Development *(via teleconference)* Nicola Anderson, Head of Human Resources Kevin Reith, Deputy Director of Human Resources and Organisational Development Tony Wigram, Head of Health and Safety John Burnham, Head of Education and Professional Development Paul Bowtle, Head of Leadership and Learning Pippa Hamilton, PA to Director of HR&OD (Minutes)
Apologies:	Steven Gilroy, Staff Side Representative, UNISON (ex officio member) Pauline Howie, Chief Executive Jim Ward, Medical Director Alison Ferahi, Head of Organisational Development Sarah Stevenson, Risk Manager Esther Roberton, Non Executive Director

ITEM 1   WELCOME AND INTRODUCTIONS

Neelam Bakshi welcomed everyone to the meeting.

ITEM 2   DECLARATIONS OF INTEREST

No new declarations of interest were received from Committee members. A standing declaration of interest was noted: Martin Togneri, in his capacity as Trustee of Scotland's Charity Air Ambulance.

ITEM 3   MINUTES OF MEETING HELD ON 14 SEPTEMBER 2017

The Committee made the undernoted amendments to the previous minutes.
- Amendment on page 5, Item 7 (a) OD Measures, Action 4. It was agreed that the wording would be aligned with the wording contained within the action tracker.

The Committee approved the minutes of the previous meeting subject to the above changes being made.

Action:
1. **Pippa Hamilton** to amend minutes of 14 September 2017.

ITEM 4   MATTERS ARISING NOT ON THE AGENDA/ACTION TRACKER

Neelam Bakshi asked for assurance in relation to Item 10a, Significant Adverse Event Review (SAER) of the September Minutes and how any follow up actions from this item would be taken forward given that these actions were ongoing and therefore were not noted on the Action Tracker. Linda Douglas advised that any follow up actions are managed through the DATIX system, and this is reviewed by the Risk Manager who is the responsible officer attending SGC. The Committee noted the assurance provided.

ITEM 5   COMMITTEE/SUB COMMITTEE TERMS OF REFERENCE REVIEW

Linda Douglas presented the Committee with the Committee/Sub-Committee Terms of Reference (ToR) Review paper.   Linda advised Committee that they are asked to review and, if appropriate, endorse the ToRs with any revisions. Once endorsed the ToRs will be submitted to Board for approval.

Health Safety and Wellbeing Group ToR
It was agreed that the ToR should be amended to reflect Board practice, e.g. minutes of the meeting to be available 2 weeks following the meeting.

Neelam Bakshi asked that under the "Frequency" section of the ToR the wording should be changed to reflect the usual governance provision that a specified number or percentage of members of the Group (for HSWG to determine) can ask for an additional meeting to be called. Neelam noted it is not the decision of the Chair of the Group.

It was agreed that the wording under the "Minutes and Reports" section should be slightly amended to show "The minutes will record the decisions reached by the Group *and the reasons/rationale for the decisions*"

The Committee endorsed the recommendations made by SGC and agreed that the amendments would be made and circulated to the Committee prior to being submitted the Board for approval.

Remuneration Committee ToR
Staff Governance Committee asked that the views of the Remuneration Committee on the review of its ToR be sought. The outcome of the Remuneration Committee's review is then to be communicated to the Staff Governance Committee for endorsement before submission to the Board for approval.

Staff Governance Committee ToR
It was noted that the post of Director of Service Delivery was still included with the ToR and it was agreed that this would now be removed and replaced with Regional Director or National Operations Director.

Action:
2. **Linda Douglas** to seek the views of the Chair of the Remuneration Committee on its review of Remuneration Committee ToR. Then provide any proposed revisions to the Staff Governance Committee for endorsement before submission to the Board for approval.

3. **Tony Wigram** to amend Health Safety and Wellbeing ToR;
    a. noted within the ToR that it is Board practice for minutes of the previous meeting to be available 2 weeks following the meeting.

    b. under the "Frequency" section of the ToR the wording should be changed to reflect that a specified number or percentage of members of the Group can ask for an a additional meeting to be called. HSWG to determine the number or percentage and reflect this in the ToR.

    c. wording under the "Minutes and Reports" section should be slightly amended to show "The minutes will record the decisions reached by the Group *and the reasons for the decisions*"

4. **Linda Douglas** to amend the SGC ToR to remove Director of Service Delivery and replace with Regional Director/National Operations Director.

5. **Pippa Hamilton** to circulate amended ToR to SGC members for endorsement prior to submission to Board for approval.

ITEM 6   SGC WORKPLAN DRAFT 2018/19

The Committee were presented with the draft annual SGC Work Plan for 2018/19 which follows the agreed standard template for Committees of the Board.

Martin Togneri suggested that an item on Brexit Implications be added to the workplan for discussion at a future Committee within 2018/19. The Committee agreed that this would be included within the workplan with a reporting date to be confirmed.

It was agreed that the Risk Management item would be split into 2 separate lines within the plan to show the Workforce Risk Register being presented to Committee twice a year and the Internal Audit Actions being presented at every meeting.

It was agreed that the above amendments would be made to the workplan and an amended version would be circulated to Committee for information.

The Committee approved the workplan subject to the above amendments.

Action:
6. **Pippa Hamilton** make amendments to workplan then circulate amended version as approved to Committee for information.

ITEM 7   STAFF GOVERNANCE ACTION PLAN (SGAP)

a)   Staff Governance Action Plan 2017/18 - Progress Report

Kevin Reith presented the latest progress against the SGAP for 2017/18. It was noted that the SGAP is underpinned by other detailed plans and delivery documents.

The Committee noted that eight initiatives in total have been completed in the last reporting period as outlined below;
- Working Practices Programme of Work
- Learning and Development Policy Approval
- Senior Leadership Team Revision
- OD Plan Approval
- Wellbeing Implementation Plan Refresh
- Implementation of the Undergraduate Paramedic Programme
- Phase One of the eESS Implementation
- Review Delivery Format of VQ Training Model.

Kevin advised that out the remaining 24 initiatives 23 remain "Green" with 1 (See Me Survey) "Amber".

The Committee were asked to provide any comments on the plan. David Garbutt noted that LM17/18-04 in relation to Leadership development plans, that there could be some additional complexity included within this initiative in light of the new appraisal system for Executives and then the roll out to senior managers. Kevin advised that there will be a specific paper around this workstream presented to SGC in the coming months as work progresses.

Neelam Bakshi noted that the title of the 6th column requires to be standardised and either be named outputs or outcomes as this varies throughout the document. Kevin

confirmed that the column should be titled outcomes and this would be amended throughout the document.

Neelam queried whether IS17/18-03 in relation to the updating of policies should be marked as complete as policies would be reviewed beyond the end of the year. Linda Douglas advised that the process for policy review has been in place and is now business as usual, thereby ensuring that the policy review cycle is robust. The review of policies themselves are completed as per the agreed schedule and this work continues.

David Garbutt noted that the current format of the plan was extremely helpful compared to formats in previous years.

Action:
7. **Paul Bowtle** to provide paper on new appraisal system to SGC in coming months, date to be confirmed.
8. **Kevin Reith** to ensure that 6th Column within SGAP to be entitled outcomes throughout document.

ITEM 8   PLANS AND UPDATES

a)   OD Plan 2017-18 – December Update

In Alison Ferahi's absence, Paul Bowtle presented the Committee with the December update on the OD Plan 2017-18.

The Committee noted that there had been progress in all four areas of the plan since approval in September and Paul advised the Committee of the undernoted 6 highlights;

- Edinburgh City Station's iMatter storyboard showcasing clinical lab work will form part of the National iMatter Report which will be published in February 2018.
- The review of the Service critical roles is nearing completion.
- A communication and implementation plan has been developed in preparation for the transition to the Turas Appraisal system by March 2018.
- The final phase of the initial skills development programme (as part of DFLM) has re-commenced for first and middle managers.
- Two Executive Team Development sessions have been completed using the Aston Team Diagnostic Tool.
- Shared service work across the national boards is progressing in areas of line management development and coaching.

It was noted that a more comprehensive values toolkit is being developed than was originally planned to gain more organisational impact. Committee were advised that additional time will therefore be required to facilitate a move in the planning and preparation phase to February 2018. The Committee discussed the Values toolkit and it was agreed the specific elements would be defined and updated to Committee.

Paul advised Committee that in relation to OD11, standardised system for development opportunities, a revised timescale of March 2018 is required. It was noted that work be revised to new delivery date and updates provided against this new delivery target.

David Garbutt enquired what system is being used in relation to developing a just culture approach. Linda Douglas spoke of the closure of Flying Lessons in 2016, and how the staff facilitators have taken the resources from that initiative to develop the values toolkit etc. described by Paul Bowtle. It was noted that a blended approach is envisaged, with both face to face and on-line sessions, together with the toolkit resources. Alison Ferahi is taking these discussions through the Capable Workforce Group. John Burnham added that the Capable Workforce Group has commissioned a piece of work to compile a matrix for learning that identifies by staff type, learning type, mode of delivery, time commitment. John added that the output from this piece of work is expected in January and will be presented to the Executive Team thereafter. It was agreed that feedback would be provided to Committee on statutory and mandatory training in June 2018 following the work by the Capable Workforce Group.

The Committee noted the update and progress report. Committee agreed the revisions to target dates and noted that target dates would be reviewed as part of 2018/19 plan development.

Action:
9. **Alison Ferahi** to update and define specific elements of the Values toolkit to Committee.
10. **Paul Bowtle** to revise target date of OD11 to March 2018 on the OD Plan and provide updates against this new delivery date.
11. **John Burnham** to provide Statutory and Mandatory training paper to June Committee following completion of Learning Matrix work by Capable Workforce Group.

b)   Wellbeing Implementation Plan 2017/18 – December Update

Tony Wigram presented the Committee with an update on the progress against the deliverable contained within Wellbeing Implementation Plan. The Committee requested at its September meeting that the plan be revisited and the timings be reviewed and amended as appropriate. The Committee noted that the revision of the Plan has been completed and are asked to note and approve the revised due dates outlined within the Plan. Tony advised that the review resulted in amendments to the due dates of nine deliverables, namely, WIP 21-24, WIP 32-34 and WIP 51-52.

The Committee queried why the due date for WIP12 was stated as 2018/19. Tony advised that the See Me Plan is evolving and is therefore likely to be summer 2018. Committee asked that the due date for this deliverable be referenced for delivery in summer 2018 ensuring the date is then further defined and included within the 2018/19 Staff Governance Action Plan.

Tony provided Committee with an update on progress since approval of the Plan in June 2017 as outlined below;

Occupational Health Provisions
- A report reviewing the effectiveness and efficiency of the Occupational Health Contract has been drafted with expected completion in December 2017.
- The Overtime control documentation is currently in consultation at Policy Review Group.

Mental Health
- Managers' mental health training package is being trailed in two operational areas which is expected to conclude in December 2017.
- The content /materials to populate an e-learning module has been developed, however these have yet to be converted into a package.
- A further mindfulness cohort is planned for November and December 2017.

The On Call Working Group
- The On Call Group has met; a draft report has been issued for comment/feedback, with the final report expected in December 2017.

Fatigue Policy
- The Fatigue Policy has been redrafted and will be submitted for formal consultation to the Policy Review Group in 2018.

The Committee noted the Wellbeing Plan and progress update. Committee was mindful that there had been delay in initial implementation due to a variety of constraints, including resources, and wished to see continuing progress across the plan.

Action:
12. **Tony Wigram** to amend the Wellbeing Implementation Plan to reflect the agreed new date and to amend due date for deliverable WIP12, See Me, for delivery in summer 2018 ensuring date is then further defined and included within the 2018/19 Staff Governance Action Plan.

c) **OD Measures for Staff Governance Committee**

On behalf of Alison Ferahi, Paul Bowtle presented the Committee with the OD measures that are proposed to be reported specifically to Staff Governance Committee focusing on the strategic governance role provided by the Committee. The paper also highlighted the measures that are proposed for management reporting. The measures are categorised into four themes that mirror the content of the OD Plan.

There was a discussion that iMatter should also be reported through the OD Plan and it was agreed that Neelam would provide further comment in relation to this to Linda outside the meeting.

The Committee discussed the measures and noted that Alison Ferahi is continuing to take work forward to shift OD measures into a Vector/Scorecard reporting style and incorporate the measures into the Workforce Information agenda item.

Action:
13. **Neelam Bakshi/Linda Douglas** to discuss iMatter being reported through OD Plan.
14. **Alison Ferahi** to continue to take work forward to move OD Measures into a Vector/Scorecard reporting style and incorporate into Workforce Information.

d)   Implementation of New System for Recording Personal Development Reviews (From eKSF to Turas)

Paul Bowtle provided an update on the arrangements for the Service's move from eKSF reporting system to the replacement system, Turas Appraisal.

It was noted the current software (eKSF) used for recording personal development reviews (PDRs) and personal development plans (PDPs), will not be supported after March 2018. Work has been led by NHS Education for Scotland (NES) to develop and provide an alternative, namely, Turas Appraisal.

Following questions about potential loss of historical data, the Committee noted that the existing system data will transfer over to the new system. Turas is designed to be intuitive and simplified with guidance how to navigate the system embedded within the system.

It was agreed that a further update would be provided to Committee in April 2018 following the completion of the transfer to Turas.

Action:
15. **Paul Bowtle** to provide a further update on the Implementation of Turas following the completion of the transfer to the April Committee.

e)   Health and Safety Update on Face Fit Testing

An update paper was presented to Committee to provide assurance from a Health and Safety perspective that work is being undertaken regarding FFP3/Face Fit Testing and that the issue is currently being worked on.

The Committee noted that a group of Service staff, including Health and Safety, Operations, Infection Control and Education and Professional Development will develop new proposals to provide a robust and sustainable process. Tony Wigram advised that proposals will be consulted through the appropriate management teams and in partnership prior to approval by the Executive Team. Following Executive Team approval any matters of governance will be referred to the appropriate Committee or the Board as necessary.

It was noted that final assurance regarding resolution of issue would be provided to SGC following the agreement. Martin Togneri asked if there was any risk and it was

confirmed that if not achieved, there was a risk of not being able to attend calls with appropriately equipped staff.

Action:
16.   **Tony Wigram** to provide report to SGC providing final assurance of resolution of Face Fit Testing issue.

ITEM 9   STRATEGIC WORKFORCE PLAN

a)   Policy Review and Implementation Process

Nicola Anderson provided the Committee with a paper which was commissioned by the Chair of the Committee to provide assurance around the policy review and implementation process in relation to policies relevant to staff governance within the Service. The Committee were asked to consider their input during the consultation and approval stages of the process taking into account the assurances outlined within the presented paper.

The Committee noted and discussed the content of the paper, which outlined the current process and provided recommendations. Nicola advised Committee members of potential future developments as Once for Scotland policies are currently being discussed at SWAG, with the ambition that Boards would be able to approve PIN policy without the need to review or amend.

It was noted that the Scottish Government in conjunction with employers and trade unions are agreeing how this would work in practice with a view to implementing this in 2018.

Nicola asked the Committee to note the following proposals:

- that a policy template to ensure consistency across all Directorates of style, content and document control will be undertaken.
- that policies are presented to SGC for approval, with procedures or guidance notes available for information.
- the proposed move to Once for Scotland policies at national level.

  and to agree;
- a review in six months time of how we achieve the Staff Governance Standard requirement, in accordance with national guidance, without all policies requiring to be approved at SGC,.

The Committee discussed the proposals. Martin Togneri noted that he often finds it helpful to have the relevant guidance available when a policy is issued for consultation. Linda Douglas advised that any guidance or procedures will be sign posted and therefore will still be available should any committee member wish to access them.

David Garbutt questioned the Once for Scotland approach to policies as the Board has a responsibility as the employer to ensure that a policy is fit for purpose. Tony Wigram also identified that there were potential issues if nationally formatted health

and safety policies could not take account of necessary employer led variation. David advised that he will have further discussions with the Chair of SWAG out with Committee in relation to this.

Neelam Bakshi suggested Non Executive Directors should be removed from circulation at initial consultation, given that they have an opportunity to provide comment on policies at the approving body at the Committee stage. Martin Togneri indicated that he supported this although it may be appropriate to involve Non-Executive Directors at an early stage where there was specialist expertise. Gary Coll indicated that he would be reluctant to support substantive changes without referring back to trade union members, and the SGC Chair confirmed that the intention was to continue with the practice of referring substantive changes back through the policy review group where staff-side could not agree to changes proposed at the meeting. At approval stage, the Committee will seek assurance that appropriate governance has been followed, in terms of consultation, and agreement at Policy Review Group and National Partnership Forum, and therefore the policy would normally be approved and it should only be on the occasion where e.g. this assurance is not provided, or there are substantive matters requiring a change, that the policy is not approved.

The Committee members agreed that it would be more appropriate for Non-Executive Directors to see policies only at the approval stage.

Following questions, it was confirmed that, as required by the Staff Governance Standard, policies are evaluated as part of the process.

Action:
17.   **Nicola Anderson** to amend policy review process to ensure that only policies are now presented to SGC with additional guidance or procedures being sign posted to as required.
18.   **Nicola Anderson** to amend policy review process to be changed to remove Non Executive Directors from initial consultation stage.
19.   **Nicola Anderson** to review policy process in six month time and provide September Committee with update given the proposed move to Once for Scotland policies, and whether there are other ways of achieving the Staff Governance Standard requirement.

b)   Strategic Recruitment Report

An annual update on strategic recruitment was presented to Committee for noting. There has been considerable recruitment activity during 2017 within operational and non-operational areas. The recruitment team have processed around 210 adverts and nearly 8,000 applications since April 2017. Over 3 regional centres there have been 9 Vocational Qualifications (VQ) intakes with 179 new starters.

It was noted that achieving paramedic numbers continues to be a challenge, with 121 new starts from a planned 200. The campaign for technician intakes for April and July 2018 generated 3000 applications.

Nicola Anderson advised that several process improvements have been made during 2017 to continually improve the candidate and recruiters experience. This work focused mainly on the introduction of a candidate management system (Talentlink), streamlining the admin process and ensuring application management is robust. Talentlink also allows for more robust management information reporting, enabling recruitment trends to be reviewed and analysed, including reliable production of regular Equality Monitoring reports.

The Committee noted that there are plans in place for the adoption of Values Based Recruitment. However timescales for this work is reliant on a national direction. It was agreed that further information on this would be provided to SGC when available. It was noted that Values Based recruitment would apply across Non-Executive and Executive recruitment in NHS Scotland, and that it was likely board members involved in Executive recruitment would require skills updating for this.

The Committee noted the report.

Action:

20. **Nicola Anderson** to provide report to SGC on plans for adoption of Values Based Recruitment when available (timescale subject to national direction).

c) **iMatter Themes Report**

The Committee noted that with the completion of Cohort 7 in May 2017 iMatter has been fully implemented across the Service. The Service will be moving to one Cohort in April 2018, which will allow year on year comparisons to be made.

The iMatter Board response rate for 2017 is 65% with an Employee Engagement Index (EEI) score of 67%. Martin Togneri asked for clarification on how the methodology behind the EEI scores was designed. It was agreed that the methodology for the EEI banding would be provided to Martin.

Nicola Anderson advised that a test of change is taking place within Lanarkshire to allow Head of Service to receive a report on an area. The current model has reporting available at the Directorate level. The test of change has proved successful and has resulted in Heads of Service understanding the key themes in their area more easily and enabling discussions to take place to address these promptly. Committee noted that the test will now extent to Area Service Manager level in the East of Scotland and will be overseen by the Service's iMatter Implementation Group. If successful this reporting will be scaled and spread across the Service.

Committee noted that the highest and lowest scoring items were similar across NHS Scotland. Following questions, Committee noted that the Dignity at Work survey was distinct from the iMatter process and the report would be provided separately once available.

Action:

21. **Nicola Anderson** to provide Martin Togneri with methodology for the iMatter EEI banding for information.

ITEM 10   GOVERNANCE

a)   Workforce Risk Register – Annual Review

In the absence of Sarah Stevenson, Kevin Reith presented the Workforce Risk Register for approval by the Committee. The Register presents all High risks contained within Staff Governance, along with any other generic workforce risks identified by senior managers HR & OD and Care Quality and Strategic Development Directorates.

The Committee noted that any changes made to the Register since the previous presentation are highlighted in red. Martin Togneri noted that all highlighted dates seem to occur in the past. Kevin advised that he will ensure that Sarah revisited these dates to address this issue, and provided Committee with assurance that this will also be rectified through the review of the Register.

David Garbutt noted that normal protocol for making changes to the Risk Registers is that track changes are applied to allow Committee members to see amendments clearly. It was agreed that Kevin would discuss with Sarah and ask that the past target dates be addressed and rectified and a track changed version sent out to Committee electronically for information.

Following discussion about implications for workforce, it was agreed that Linda Douglas would clarify if there is an overarching corporate risk about resources and potential funding.

Action:
22. **Sarah Stevenson** to review Risk Register and revisit amendment dates that appear in the past. Amended version to be track changed and circulated around Committee members for information.

b)   Partnership Update

John Riggins provided the Committee with an update on recent partnership activity. It was noted that the National Partnership forum (NPF) last met on 23 November 2017 and the Agenda from the meeting was provided for information. The Committee noted the approved minutes from the meetings held on 3 August and 5 October 2017.

John provided an update to Committee from the National On Call Working Group. The Group held 3 workshops in April, July and September 2017, which involved a wide selection of people from both the North and West Regions. It was noted that the aims of the Group were;
  • Provide and updated overview of on call working across Scotland.
  • Identify the opportunity and cost of eliminating on call working by location.
  • Prioritise those on call locations where on call could be eliminated.

- Set the parameters for on call working, recognising that this practice may be appropriate in certain circumstances.
- Identify future options to reduce on call working across Scotland taking into account the changing health and social care landscape and future options to deliver sustainable services.
- Provide recommendations.

As a result of the workshops there a series of recommendations have been made including;
- Working to eliminate on call at the busier, priority locations (where local funding allows).
- Testing the non-tasking of on call crews until they return to their home areas (PDSA in Skye).
- Investigating the potential of a Collection Service for Inter Hospital Transfers.

It was noted that this had been a comprehensive and detailed exercise on On Call would be provided to SGC as part of the Partnership Update when available.

The Committee noted the update.

Action:
23. **John Riggins/Milne Weir** to provide an update from National On Call Working Group as part of Partnership Update to SGC as soon as available.

c)   Workforce Information

(i)   Vector of Measures and HR Scorecard

The Committee noted the update paper provided in relation to workforce information trends. Some data was being clarified and therefore the data report was incomplete on this occasion.

The undernoted areas were highlighted.

- Learning and Development measures have not shown any significant change with Team Leader protect management time remaining below its 20% target.
- KSF review completion levels remain low at 37.3%.
- Overtime costs remain below the 2016/17 average with the continued investment in operational staff this should continue to reduce.
- The 2017/18 LiP programme began roll out in September 2017 with 163 to date having completed the 2 day programme, and 105 paramedics completing the paramedic update date.

The implementation of Talentlink (the new candidate management system – see the item 9b) has allowed for more comprehensive data reporting options in relation to recruitment equality information and an example of this reporting was provided within the report. It was agreed that further discussions in relation to the frequency of recruitment equality reporting and benchmarking narrative

would take place between the SGC Chair and Linda Douglas with a view of a further report being provided to Committee in June.

Action:
24. **Linda Douglas/Neelam Bakshi** to have further discussion around the frequency of recruitment equality reporting and benchmarking narrative with a view to a further report being provided to Committee in June.

(ii)   Health and Safety Update

Tony Wigram provided an update on matters in relation to Health, Safety and Wellbeing and the undernoted areas were noted:

Health and Safety Executive
As part of a National programme the HSE are visiting all NHS ambulance Services in the UK to discuss health and safety in general but with a specific focus on manual handling and have requested a meeting with the Executive Lead for Health and Safety.

Face Fit Testing
Work continues to develop a robust organisational process to address the infection control issues created by the new national infection control manual and associated guidance.

Health and Safety Workforce Data
As part of the move from CHRIS to GRS/eESS challenges have been encountered in transposing data resulting in the metric on mental health absence currently being unavailable. Work progresses to remedy this matter for the next Staff Governance Committee.

d) Promoting Attendance Update

The Committee noted the paper on promoting attendance. Committee members were particularly asked to note the information contained within the paper at section 3.4 provided by the Medical Director in relation to the PTSD Survey Results and the outline of current systematic support offered to staff.

e) Policies

The Committee discussed and approved the undernoted polices as outlined.

Management of Employee Conduct Policy
Approved subject to the following amendment;
*   Section 5.2.1 – in relation to the capacity in which an employee is represented, it was agreed that Neelam Bakshi would provide wording to be inserted within this section to avoid representation being restrictive.
It was also suggested that guidance should reflect the variety of sources about standards which apply to our employees, whilst recognising that it was not possible to provide an exhaustive list.

Whistleblowing
Approved.

Learning and Development Policy
Approved.

Action:
25. **Neelam Bakshi** to provide wording for Management of Employee Conduct Policy.

f)   Internal Audit Actions

The Committee noted that since the September Staff Governance committee there have been no new actions added to the tracker. Following the last Audit Committee two actions have been signed off by Internal Audit. One action from the last report will be presented to the next Audit Committee for closure, with two actions still in process.

g)   Action Tracker

Committee noted the following items as completed, and approved their removal from the action tracker. And all others on track

2017/01/7(b)	Recruitment and Retention Update – Strategic Recruitment Report
2017/01/7(b)	Recruitment and Retention Update – Workforce Risk Register Approval
2017/06/5(e)	iMatter Implementation Plan – iMatter Themes
2017/06/6(b)	Workforce Education and Development Report – Transition from eKSF to Turas
2017/06/7(dii)	Health and Safety Update – Face Fit Testing
2017/09/3	Staff Governance Monitoring Framework – Feedback Infographic
2017/09/5	Wellbeing Implementation Plan – Retiming of Actions
2017/09/6(a)	Staff Governance Action Plan 2017/18 – SGAP
2017/09/7(a)	OD Measures – Revision of Measures
2017/09/7(a)	OD Plan – Review of OD Plan
2017/09/7(d)	DFLM Delivery Plan – Workforce Driver Diagram
2017/09/9c(i)	Workforce Information Vector of Measures – eKSF to Turas
2017/09/9(e)	Policies – Management of Employee Conduct Policy and Whistleblowing Policy
2017/09/9(e)	Policies – Management Information Policies – Information Security Management Policy
2017/09/9(e)	Policies – HR Policies – Capability, Flexible Working, Home Working Policies
2017/09/9(e)	Policies – Health and Safety Policies
2017/09/11	Staff Governance Committee 2018 Meeting Dates

ITEM 11   ITEMS FOR NOTING

a)   Staff Governance Committee Meeting Dates 2018

The Committee noted that the confirmed meeting dates for 2018.

Wednesday 18th April 2018	10am	Meeting Room 19
Wednesday 6th June 2018	10am	Meeting Room 18
Thursday 20th September 2018	10am	Meeting Room 19
Thursday 13th December 2018	10am	TBC

ITEM 12 ANY OTHER BUSINESS

None to note.

The meeting closed at 13.25. The Chair thanked members for their attendance to ensure all the business was completed.